# Montana Department of REVENUE

#### Montana TY2006 E~File Test Packet

#### **Montana Test 10**

(revised 12/7/2006)

**Forms:** Form 2 (long form)

Form 2 EC (elderly homeowner/renter credit)

Form SS (Social Security worksheet)

Name: Carlson, James 400-00-6829 (primary)

**Dependents:** None

Address: PO Box 514

Ronan, MT 59864

Return Status: Refund

**Filing Status:** 3C (Married filing separate and spouse not filing)

Residency Status: Resident Full Year

**Exemptions:** 1 Primary (yourself)

1 65 or older

2 Total

**Deduction:** Standard Deduction

Notes: NAICS Code should be 621510

\$750 in other income is for jury duty pay

Spouse SSN for seq # 0815 should be 400-00-6828 May DOR discuss return with preparer should be "Y" Taxpayer phone number should be (406) 444-6957

Refund amount is **\$80.00**Direct Deposit information
Rtn #: 012456778

Acct #: 15426879993 Acct type: Savings 2006

# Montana Individual Income Tax Return

Form 2

_	For th	e year Ja	า 1 – D	ec 31, 200	6 or the ta	ax year beginı	ning					,20		Montan	а
	Amended	l	name	and initial		Last name			Dec	eased		ur social security num	nber		
H	Return	JAMES Spouse's	firet n	ame and ir		CARLSON Last name			Doo	93554		0-00-6829 ouse's social security	numbor		
	Check the box above if this is	Spouses	s iiist ii	ame and ir	illiai	Last name			Dec	eased	Sp	buse's social security	number		
	an amended	Home ac	Idress	(number ar	nd street)					City		State	Zip+4		
	return.	ро вох		(	,			ı	RON	•		MT	59864		
	Filing Status	1	Single			3b		Married filing sep	parately	y on sepa	arate	forms. Spouse's SSN.			
	(check only	2	Married	d filing jointly		3c	X	Married filing sep	paratel	y and spo	ouse	not filing. Spouse's SSN.	400-00	6828	
ļ	one box)	3a		d filing separat	ely on the sa	me form 4		Head of househo	old						
	Residency Stat	•	-			f	. —	Daa: daat			e of	change: State move	ed to: Sta	ate moved fro	om:
L	5a X Reside	nt full yea	· 5	<b>b</b> Nor	resident	full year <b>5c</b>	;	Resident part	-year	ſ	- 1	Column A (for single,	Column F	R (for snouse	1
Ex	emptions											joint, separate, or		g separately	
			_								_	head of household)		g status 3a)	
-	X Yourself					<del></del> -					-	2			68
b	Spouse		<u>ll</u>	65 or old											6k
С	Dependent's fi	rst name	-	Last nam	ne	SSN		Relationsh	пр	Disable	ed				
-															
-															
	-														60
d _	If additional de	pendents	, see in	structions.	Add line	es 6a thru 6c a	and er	nter total exen	nptior	ns here	€.	2			60
Ent	er amounts co	•		•							Rou	ınd to nearest dollar	. If no en	try, leave bl	ank
	7 Wages, sa										7				7
	8a Taxable in										8a				88
	b Tax-exempt							B:			8b				۱ ۵
	9a Ordinary d						ea				9a				9 <i>a</i>
-	<ul><li>b Qualified d</li><li>10 Taxable re</li></ul>						00m0	B:			9b 10				10
_	11 Alimony re										11				11
	12 Business in										12	(750)			12
	13 Capital gai										13	(100)			13
	14 Other gain										14				14
	15a IRA distrib					B:		Taxable a			15b	1000			15
) 1	I <mark>6a</mark> Pensions a	and annu	ities	16a. A:	10000	B:		Taxable a	mou	nt	16b	7500			16
	17 Rental real										17				17
	18 Farm incor										18				18
	19 Unemploy										19	2450			19
	20a Social sec 21 Other incom				6300	B:		Taxable a	mou	nt	20b 21	3150 750			20
	22 Add the am				o for line	0.7 thru 21. <b>T</b>	hio io	vour total in	00m		22	11650			22
	23 Archer MS										23	11000			23
1)	23 Archer MS 24 Certain bu										24				24
	25 Health sav										25				25
	26 Moving ex										26				26
= ກ	27 One-half o	f self-em	ploym	ent tax. A	Attach fe	deral Sched	ule S	E							27
Ŝ	28 Self-emplo										28				28
ר	29 Self-emplo										29				29
	30 Penalty on										30				30
	31a Alimony pa							B:			31a				31
	32 IRA deduc										32				32
-	<ul><li>33 Student loa</li><li>34 Jury duty p</li></ul>										33 34	750			33
	34 Jury duty p 35 Domestic p										35	7.50			35
	36 Add lines 2										36	750			36
	37 Subtract lin										37	10900			37
												sted gross income.	1	0900	37
	38 Enter Mon										-,				1
5											38				38
	39 Enter Mon	tana sub	tractio	ns from fe	ederal A	GI from Forn	n 2, p	age 4, Sche	dule	: II,					1
<u> </u>	line 34. At	tach For	m 2, p	age 4, Sc	hedule I	I					39	6750			39
Montana	40 Add lines 3	37 and 38	3, ther	n subtract	line 39.	This is you	r Mon	ntana adjus	ted						
	gross inco	ome									40	4150			40

Form	2, F	2age 2 – 2006 Socia	al Security	Number: _4	00-00-6829			Column A (for single, joint, separate, or	Column B (for spouse when filing separately	
	44	Montono adjusted are	oo inoom	o from line 10	<u> </u>		41	head of household)	using filing status 3a)	
	41	Montana adjusted gro <b>Deductions</b>	ss incom	e from line 40	)	Check only on	L	4150		41
e e	42	(A) Standard Deduction	an.			(A)	е			
Faxable Income	42	(B) Itemized Deduction		Form 2 Sche	dula III lina 32		42	1650		42
Ĕ	43	Subtract line 42 from					43	2500		43
ple	70	Exemptions (all indiv					<b>,</b>			0
аха	44	Multiply \$1,980 by the			•	,	44	3960		44
Ĕ		Subtract line 44 from					•			<b>7</b>
		zero. This is your ta					45	0		45
	46	Tax from the tax table					46			46
		1% capital gains tax of								47
		Subtract line 47 from					-			7
×		This is your residen	t tax aftei	r capital gair	ns tax credit	4	48			48
Тах	48a	Non-resident, part-y								
		here the amount from					8a			48a
		Tax on lump-sum dist					49			49
		Add lines 48 or 48a a					50			50
δ		Nonrefundable single					51			51
Credits		Nonrefundable carryo					52			52
ວັ	53	53 Add lines 51 and 52 and enter the result here but do not enter an amount larger than the amount on line 50. This is your total nonrefundable credits 53				F 2				
							_			53
<u>-</u> ο		Family education savi								54
Other Taxes		Endowment credit red Rural physician's cred								55 56
0 🖺		Add lines 54 through								57
		Add lines 50 and 57 a					<i>31</i>			- 31
ુ≨	30	and enter the result h					58			58
Tax Liability	59	Combine the amounts						vour combined		7 ~
Ë	33	2006 tax liability								59
	60	Montana income tax v								60
s and Credits		2006 estimated tax pa			, ,		-			61
anc		2006 extension paym								62
ē Ħ		Refundable credits fro						280		63
ner lab	64	Add lines 60 through	63 and en	iter the result	here. This is your	total	-			1
ayı		payments, and refur	ndable cr	edits		(	64	280		64
Paymer Refundabl	65	Combine amounts on	line 64 co	olumns A and	B. This is your co	mbined payme	nts	and refundable		1
		credits							280	65
		Interest on underpayr								66
est		Late file, late pay pen								67
te r		Other penalties. (See					• • • • •			68
드	69	Enter in boxes 69a th								4
ies		Nongame wildlife program		d abuse vention	Agriculture in schools	End-stage re disease	naı	Enter the sum of 69a through 69d		
alt d C			69b)	rention	69c)	69d)		here		69
Penalties , Interest and Contribution	70	Add the amounts on I		67 68 and			th			┪~~
	. 0	tax, penalties, intere								70
_	71	If line 70 is more tha								† ` `
nd		payable to MONTANA								
on C efu		pay by credit card or I								71
5 5	72	If line 70 is less than	line 65,	enter the diffe	erence here				280	72
E E	73	Enter the amount on I	ine 72 tha	at you want a	pplied to your 2007	estimated tax			200	73
Amount You Owe or Your Refund	74	Subtract line 73 from	line 72 an	d enter the a	mount here. This is	your refund		<u></u>		74
₹ 0		If you wish to use dire	ct deposi	t enter your F	RTN# and ACCT# be	elow. See instru	ctio	ns. checking	90	
RTN	0 1			T# 1  5  4		3		x savings	80	
		ole, check appropriate b			ss and telephone num		er.		ension – Check this box	and
		ng gross income		1	•				tach a copy of your fede	
		l estimated payments		1					orm 4868 to receive yo	
		I 2007 forms and instruct	tions	SSN, FEIN	or PTIN:				Montana extension.	
		OR discuss this return wi				tions? Call (406) 4	44-6	6900 or TDD (406) 444	-2830 for hearing impai	ired.
X					(406) 444-6957	X		•		
_	V	our cianature is require	nd	Date	Daytime telephone	,		Spouse's signature	Date:	

Form 2, Page 3 – 2006 Social Security Number:

FOI	m 2, Page 3 – 2006 Social Security Number:				_
	chedule I: Montana Additions to Federal Adjusted Gross Incom- nter on the corresponding line your additions to federal adjusted gross income		Column A (for single, joint, separate, or	Column B (for spouse when filing separately	
	File Schedule I with your Montana Form 2.		head of household)	using filing status 3a)	
1	Interest and mutual fund dividends from state, county, or municipal bonds				
	from other states	1			1
2	Dividends not included in federal adjusted gross income	2			2
3	Taxable federal refunds. Complete Worksheet ?? on page ??	3			3
4	Other recoveries of amounts deducted in earlier years that reduced				
	Montana taxable income. Complete Worksheet ?? on page ??	4			4
5	Addition to federal taxable social security/railroad retirement. Complete				
	Worksheet ?? on page??	5			5
6	Additions for spouse filing joint federal return.				
	<b>6a</b> Passive and rental income or loss adjustment	6a			6
	<b>6b</b> Capital loss adjustment	6b			61
	6c IRA deduction adjustment. Complete Worksheet ?? on page ??	6с			6
	6d Student loan interest adjustment	6d			60
7	Sole proprietor's allocation of compensation to spouse	7			7
8	Medical care savings account nonqualified withdrawals	8			8
9	First-time home buyer savings account nonqualified withdrawals	9			9
10	Farm and ranch risk management account taxable distributions	10			10
11	Addition for dependent care assistance credit adjustment	11			11
	Addition for smaller federal estate and trust taxable distributions				12
13	Federal net operating loss carryover reported on Form 2, line 21	13			1:
14	Share of federal income taxes paid by your S. corporation	14			14
15	Title plant depreciation and amortization	15			1
16	Other additions. Specify:	16			1
17	Add lines 1 through 16. Enter total here and on Form 2, line 38. <b>This is</b>				1
	your total Montana additions to federal adjusted gross income	17			1

## **For Returns With Payments**

Mail To: Montana Department of Revenue PO. Box 6308 Helena, MT 59604-6308

### For All Other Returns

Mail To: Montana Department of Revenue PO. Box 6577 Helena, MT 59604-6577 Form 2, Page 4 – 2006 Social Security Number:

Form 2, Page 4 – 2006 Social Security Number:			
Schedule II: Montana Subtractions from Federal Adjusted Gross Income Enter on the corresponding line your subtractions from federal adjusted gross income File Schedule II with your Montana Form 2.		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
<b>1</b> Exempt interest and dividends from federal bonds, notes, and obligations	1		
2 Exempt tribal income			
3 Exempt unemployment compensation			;
<b>4</b> Exempt workers' compensation benefits	4		
5 Exempt capital gains and dividends from small business investment			
companies	5		
<b>6</b> State tax refunds included in Montana Form 2, line 10	6		
7 Recoveries of amounts deducted in earlier years that did not reduce			
Montana income	7		'
8 Exempt military salary of residents on active duty	8		
<b>9</b> Exempt income of nonresident military servicepersons and spouses	9		
10 Exempt life-insurance premiums reimbursement for National Guard and			
Reservist	10		1
11 Partial pension and annuity income exemption. Report Tier II Railroad		0000	
Retirement on line 23 below		3600	1
<b>12</b> Partial interest exemption from taxpayers 65 and older			1
<b>13</b> Partial retirement disability income exemption for taxpayers under age 65			1
14 Exemption for certain taxed tips and gratuities	14		1
<b>15</b> Exemption for certain income of child taxed to parent	15		1
<b>16</b> Exemption for certain health insurance premiums taxed to employee	16		1
17 Exemption for student loan repayments taxed to health care professional	17		1
18 Exempt medical care savings account deposits and earnings	18		1
<b>19</b> Exempt first-time home buyer savings account deposits and earnings	19		1
<b>20</b> Exempt family education savings account deposits and earnings	20		2
21 Exempt farm and ranch risk management account deposits	21		2
22 Subtraction to federal taxable social security/Tier I Railroad Retirement			
reported on Form 2, line 20b	22	3150	2
23 Subtraction for federal taxable Tier II Railroad Retirement benefits			
reported on Form 2, line 16b	23		2
24 Subtractions for spouse filing joint federal return.			
24a Passive loss carryover exclusion			2
24b IRA deduction adjustment			2
24c Capital loss adjustment			2
<b>25</b> Subtraction of sole proprietor for allocation of compensation to spouse	25		2
<b>26</b> Montana net operating loss carry over from Montana Form NOL,			
Schedule B	26		2
27 40% capital gain exclusion for pre-1987 installment sales	27		2
28 Subtraction for business related expenses for purchasing recycled			
material	28		2
29 Subtraction for sales of land to beginning farmers			2
<b>30</b> Subtraction for larger federal estate and trust taxable distribution	30		3
<b>31</b> Subtraction for wage deduction reduced by federal targeted jobs credit	31		3
<b>32</b> Subtraction for certain gains recognized by liquidating corporation	32		3
33 Other subtractions. Specify:	33		3
<b>34</b> Add lines 1 through 33, enter total here and on Form 2, line 39. <b>This is</b>			
your total Montana subtractions from federal adjusted gross income	34	6750	3

1 Medical and dental expenses		Schedule III: Montana II Enter on the corresponding line File Schedule III with you	your itemized ded	uctions.		Column A (for single, joint, separate or head of household)	Column B (for spouse when filing separately using filing status 3a)	
2 Enter amount from Form 2, line 40	1				1	I.	l.	
3 Multiply line 2 by .075 (7,5%).  3 Nultract line 3 from line 1 and enter result here but not less than zero, This is your deductible medical and dental expense subject to 7,5% of Montana AGI.  4 A 5 Medical insurance premiums not deducted elsewhere on your return.  5		•		B:	2			
deductible medical and dental expense subject to 7.5% of Montana AGI				B:	3			
6 Long term care insurance premiums not deducted elsewhere on your return	4				4			4
6 Long term care insurance premiums not deducted elsewhere on your return	5	Medical insurance premiums not deducted el	sewhere on your ret	urn	5			5
cannot deduct your self-employment taxes paid on lines 7a through 7d. 7a Federal estimated tax payments paid in 2006. 7b	6	Long term care insurance premiums not dedu	ucted elsewhere on	your return	6			6
7a Federal income tax withheld in 2006					e in	2006 before complet	ing line 7e. You	
70   Federal estimated tax payments paid in 2006.   7c   A:   B:   7b   7c   2005 federal income taxes paid in 2006.   7c   A:   B:   7c   7d   Chter back year federal income taxes paid in 2006.   7c   A:   B:   7d   7d   7d   7d   7d   7d   7d   7	7a				7a			
7c 2005 federal income taxes paid in 2006. 7c A 2 B: 7c 7d Other back year federal income taxes paid in 2006. 7c A 2 B: 7d A 2	7b		Δ-	R·	7h			
7d Other back year federal income taxes paid in 2006	7с				1			
paid in 2006				J.	10			
7e Add lines 7a through 7d and enter result here, but not more than \$5,000 if you are filling single, married filling separately, or head of household, or \$10,000 if filling a joint return with your spouse. This is your federal income tax deduction.  7e			A:	B:	7d			
Return with your spouse. This is your federal income tax deduction.   76   8   8   8   8   8   8   8   8   8	7e			\$5,000 if you are	•			
8 Local income taxes paid in 2006. See instruction on page ??								
9 Real estate taxes paid in 2006		return with your spouse. This is your federa	al income tax dedu	ction	7e			7е
10   10   10   10   10   10   10   11   11   11   11   11   12   11   12   10   12   12								8
11   11   12   14   17   17   17   17   18   19   19   19   19   19   19   19		•						9
12 Home mortgage interest and points reported to you on federal Form 1098								
13 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the house, provide name, SSN, and address.  13 13 13  14 Points not reported to you on federal Form 1098							'	11
person from whom you bought the house, provide name, SSN, and address.  13  14 Points not reported to you on federal Form 1098			-		12			12
15   Investment interest, Attach federal Form 4952	13				13			13
15   Investment interest, Attach federal Form 4952	11	Points not reported to you on federal Form 10	108					4.4
16 Contributions made by cash or check during 2006		•						
17 Contributions made other than by cash or check								
18 Contribution carryover from the prior year								
19 Child and dependent care expenses. Attach Montana Form 2441M		-						
20 Casualty and theft loss(es). Attach federal Form 4684								
21 Unreimbursed employee business expenses. Attach federal Form 2106 or 2106EZ		·						
expenses. Attach federal Form 2106 or 2106EZ			лтт <del>4004</del>		20		,	20
22 A: B: 22 23 Add lines 21 and 22. 23 A: B: 23 24 Enter the amount on Form 2, line 40. 24 A: B: 24 25 Multiply line 24 by .02 (2%). 25 A: B: 25 26 Subtract line 25 from line 23 and enter the result here, but not less than zero. 26 27 Political contributions (limited to \$100 per taxpayer). 27 28 Other miscellaneous deductions not subject to 2% of Montana AGI. List type and amount: 28 29 Gambling losses allowed under federal law. 29 20 Add lines 4 through 6; 7e through 20; and 26 through 29 and enter result here. 30 28 If the amount on Form 2, line 40 is more than \$150,000, or more than \$75,250 if married filing separately, your deductions may be limited. Complete the itemized deduction Worksheet VI on page ?? of the Form 2 instruction booklet and then continue to line 31; otherwise, go to line 32 below.  31 Enter the amount from the itemized deduction Worksheet VI, line 9. This is the amount of your non-allowed itemized deductions. 31 32 Subtract line 31 from line 30 and enter the result here and on Form 2, line 42.	21	expenses. Attach federal Form 2106 or		n.				
22 A: B: 22  23 Add lines 21 and 22	22		A:	D.	21			
A: B: 23  A: B: 24  Enter the amount on Form 2, line 40	22		۸.	в.	20			
24 Enter the amount on Form 2, line 40	22				-			
25 Multiply line 24 by .02 (2%)					1			
26 Subtract line 25 from line 23 and enter the result here, but not less than zero								
27 Political contributions (limited to \$100 per taxpayer)								26
28 28 28 28 29 29 29 29 29 30 Add lines 4 through 6; 7e through 20; and 26 through 29 and enter result here								
29 Gambling losses allowed under federal law		Other miscellaneous deductions not subject t						
30 Add lines 4 through 6; 7e through 20; and 26 through 29 and enter result here	00						+	
here					29			29
married filing separately, your deductions may be limited. Complete the itemized deduction Worksheet VI on page ?? of the Form 2 instruction booklet and then continue to line 31; otherwise, go to line 32 below.  31 Enter the amount from the itemized deduction Worksheet VI, line 9. This is the amount of your non-allowed itemized deductions	30	here			30			30
amount of your non-allowed itemized deductions		married filing separately, your deductions madeduction Worksheet VI on page ?? of the Fo	y be limited. Completer 2 instruction boo	ete the itemized				
32 Subtract line 31 from line 30 and enter the result here and on Form 2, line 42.	31				31			31
	32	Subtract line 31 from line 30 and enter the re	sult here and on For					

Schedule IV: Non-resident/Part-year Resident Tax File Schedule IV with your Montana Form 2.		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
Enter on lines 1 through 15 your Montana source income that is included in Montana adjusted gross income on Form 2, lines 7 through 21 and line 38.			
1 Montana wages, salaries, tips, etc. included on Form 2, line 7	1		
2 Montana taxable interest included on Form 2, line 8a			
3 Montana ordinary dividends included on Form 2, line 9a			
4 Montana taxable refunds, credits, or offsets of state and local income taxes included on Form 2, line 10			
5 Montana alimony received included on Form 2, line 11			
6 Business income or (loss) included on Form 2, line 12			
7 Capital gain or (loss) included on Form 2, line 13			
8 Other gains or (losses) included on Form 2, line 14			
9 Taxable IRA distribution included on Form 2, line 15b			
<b>10</b> Taxable pension and annuities included on Form 2, line 13b			
11 Rental real estate, royalties, partnerships, S. corporations, trust, etc. included			
on Form 2, line 17			
12 Farm income or (loss) included on Form 2, line 18	12		
13 Taxable social security benefits included on Form 2, line 20b	13		
14 Other income included on Form 2, line 21	14		
15 Montana source additions to income reported on Form 2, Schedule I	15		
16 Add lines 1 through 15 and enter result here. This is your Montana source			
income	16		
17 Add your total federal income from Form 2, line 22 and your Montana			
additions to federal adjusted gross income from line 38 and enter the result			
here. (If you are a non-resident military service person and spouse, skip			
line 17 and go to line 18). This is your total income from all sources.			
Skip line 18 and go to line 19)	17		
18 Non-resident military service persons and spouses only: Add from			
Form 2, lines 22 and 38, then subtract from this sum your exempt income			
reported on Form 2, Schedule II, line 9 and enter the result here. This is	4.0		
<b>,</b>	18		
<b>19</b> Divide the amount on line 16 by the amount on line 17 (line 18 if you are a			
non-resident military service person and spouse) and enter the result here.	40		
	19		
, , , , , , , , , , , , , , , , , , , ,	20		
21 Multiply the tax on line 20 by the percentage on line 19 and enter the result			
here and on Form 2, line 48a. This is your non-resident, part-year			
resident tax after capital gains tax credit	21		

#### How do I determine what qualifies as my Montana source income when I am a non-resident of Montana?

In general, as a non-resident of Montana your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

#### How do I determine my Montana source income when I am a part-year resident of Montana?

As a part-year resident you are considered a resident for part of the year and a non-resident for the other part of the year.

In general, for the part of the year that you are a non-resident your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and

income that you receive from a business conducted in Montana.

For the part of the year that you are a resident, all of your income that you receive, no matter where you earn it, is Montana source income.

#### Where can I find further information on what is my Montana source income?

For further information and a line by line description of what Montana source income is, refer to pages ?? through ?? of the instruction booklet for Form 2, Schedule I.

Schedule V: Montana Tax Credits		Column B (for spouse,
Enter on the corresponding line your Montana tax credits.	joint, separate, or head of household)	when filing separately using filing status 3a)
File Schedule V with your Montana Form 2.	nead of nousehold)	using filing status 3a)
Nonrefundable credits that are single-year credits and HAVE NO carryover provision		
1 Credit for an income tax liability paid to another state or country from Form 2, Schedules VI, line 10 or VII, line 10		1
2 College contribution credit. Attach Form CC		2
3 Qualified endowment credit. Attach Form QEC		3
4 Energy conservation installation credit. Attach Form ENRG-C 4		4
5 Alternative fuel credit. Attach Form AFCR		5
6 Rural physician's credit		6
7 Health insurance for uninsured Montanans credit. Attach Form HI		7
8 Elderly care credit. Attach Form ECC		8
9 Developmental disability account contribution credit		9
10 Recycle credit. Attach Form RCYL		10
11 Oil seed crushing and biodiesel production facility credit. Attach Form OSC 11		11
12 Biodiesel blending and storage tank credit and attach Form BBSC 12		12
13 Add lines 1 through 12 and enter result here and on Form 2, line 51. This is your		
total nonrefundable single-year credits		13
Nonrefundable credits that <b>HAVE</b> a carryover provision		
14 Contractor's gross receipts tax credit		14
15 Geothermal systems credit. Attach Form ENRG-A 15		15
16 Alternative energy systems credit. Attach Form ENRG-B		16
17 Alternative energy production credit. Attach Form AEPC		17
18 Dependent care assistance credit. Attach Form DCAC		18
19 Historic property preservation credit. Attach federal Form 3468 19		19
20 Montana capital company credit		20
21 Infrastructure user's fee credit		21
22 Empowerment zone credit		22
23 Increasing research activities credit. Attach Form RSCH		23
24 Mineral exploration incentive credit. Attach Form MINE-CRED 24		24
25 Film employment production credit. Attach Form FPC. Report your credit on this		
line if you have made the one-time four year carry forward election 25		25
26 Add lines 14 through 25 and enter result here and on Form 2, line 52. This is		
your total nonrefundable carryover credits		26
Refundable credits		
27 Elderly homeowner/renter credit. Attach Form 2EC	280	27
28 Film employment production credit. Attach Form FPC		28
29 Film qualified expenditure credit. Attach Form FPC		29
30 Insure Montana small business health insurance credit-Company's EIN 30		30
31 Add lines 27 through 30 and enter result here and on Form 2, line 63. This is your total refundable credits	280	31

#### **MONTANA TAX CREDITS**

We have listed the 27 Montana tax credits available to you under three categories. With the exception to the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2, line 47 for the capital gains tax credit) you are not required to apply any of these 27 tax credits against your income tax liability in any particular order.

 Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credits. Your nonrefundable carryover credits can be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credits that were not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable credits are applied against your income tax liability with any unused credit refunded to you.

**Instructions:** You may claim a credit for an income tax liability paid to another state or country by yourself, your S. corporation or your partnership. If you claim this credit for an income tax paid by your S. corporation or partnership, you will need to include as an addition to federal adjusted gross income on Form 2, Schedule I, line 16 your share of the S. corporation's or partnership's deduction for income tax paid, whether separately or non-separately stated on your federal K-1.

**NEW FOR TAX YEAR 2006:** You are not entitled to a Montana tax credit for taxes paid to a foreign country if you claimed these foreign taxes paid as a foreign tax credit on your federal income tax return.

- Your credit is limited to an income tax liability paid on income that is also taxed by Montana.
- Your income taxes paid include excise taxes or franchise taxes that are imposed on and measured by the net income of your S. corporation or partnership.
- This is a nonrefundable credit and cannot reduce your Montana tax liability below zero.
- This is a nonrefundable single year credit. No unused credit amount can be carried forward.
- You will need to complete a separate Schedule VI or VII for each state or country that you have paid an income tax liability to. You can not combine payments on one schedule.
- If you are a part-year resident, you have to allocate your income using Form 2, Schedule IV before completing Form 2, Schedule VII.

,	Schedule VI: Credit for an Income Tax Liability Paid to Another State or Country. Full-year resident only.		Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)	
1	Enter your income taxable to another state or country that is included in Montana adjusted gross income on Form 2, line 40. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership				1
	Enter your total income from the other state or country you used in calculating your income tax paid to that state or country. Include in this total all income exempt from Montana income tax that was subject to tax in the other state or country 2				2
	Enter your total Montana adjusted gross income from Form 2, line 40. Where applicable, this includes your share of income taxes paid that are claimed as a deduction by your S. corporation or partnership	<u> </u>			3
	Enter your total income tax liability paid to the other state or country				4 5
	Enter your Montana tax liability from Form 2, line 48				6
	Multiply line 4 by line 6 and enter the result here				7
	Divide line 1 by line 3. Enter the percentage here, but not more than 100%				8
9	Multiply line 5 by line 8 and enter the result here 9	) [			9
	Enter here and on Form 2, Schedule V, line 1, the smaller of the amounts reported on lines 4, 7, or 9 above. This is your credit for an income tax paid to another state or country	0			10
5	Schedule VII: Credit for an Income Tax Liability Paid to Another State or Country. Part-year resident only.		Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)	
	Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership				1
	Enter your total income from the other state or country you used in calculating your income tax paid to that state or country. Include in this total all income exempt from Montana income tax that was subject to tax in the other state or country				
	The montain a moon of tax that was subject to tax in the other state or country	:			2
	Enter your total Montana source income from Form 2, Schedule IV, line 16.  Where applicable, this includes the share of income taxes paid that are claimed as a deduction by your S. corporation or partnership				2
3 4 5	Enter your total Montana source income from Form 2, Schedule IV, line 16.  Where applicable, this includes the share of income taxes paid that are claimed as a deduction by your S. corporation or partnership	3 -			
3 4 5 6	Enter your total Montana source income from Form 2, Schedule IV, line 16.  Where applicable, this includes the share of income taxes paid that are claimed as a deduction by your S. corporation or partnership				3 4
3 4 5 6 7 8	Enter your total Montana source income from Form 2, Schedule IV, line 16.  Where applicable, this includes the share of income taxes paid that are claimed as a deduction by your S. corporation or partnership				3 4 5
3 4 5 6 7 8 9	Enter your total Montana source income from Form 2, Schedule IV, line 16.  Where applicable, this includes the share of income taxes paid that are claimed as a deduction by your S. corporation or partnership				3 4 5
3 4 5 6 7 8 9	Enter your total Montana source income from Form 2, Schedule IV, line 16.  Where applicable, this includes the share of income taxes paid that are claimed as a deduction by your S. corporation or partnership	3 + 5 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			3 4 5 7 8

Schedule VIII: Reporting of Special Transactions File Schedule VIII with your Montana Form 2	Transaction
Complete Schedule VIII only if you and/or your spouse filed for federal income tax purposes any of the federal forms described below. Check the appropriate box indicating which form(s) you filed with your federal income tax return. If your answer is "yes" to one or more of these forms, you will need to attach a complete copy of your federal income tax return Form 1040.	Check "yes" if you are required to file any of the following forms with the Internal Revenue Service.
1 I filed federal Form 8264 – Application for Registration of a Tax Shelter with the Internal Revenue Service. Form 8264 is required to be filed to register a tax shelter.	¹ YES
2 I filed federal Form 8271 – Investor Reporting of Tax Shelter Registration Number with the Internal Revenue Service.  Form 8271 is used to report the tax shelter registration number that the Internal Revenue Service assigns to certain tax shelters required to be registered under 26 USC 6111 and to report the name and identifying number of the tax shelter.	2 YES
3 I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service. NOTE: Check "yes" if your like-kind exchange includes Montana property. Non-residents do not have to report a like-kind exchange if the properties involved do not include Montana property. Form 8824 is used to report each exchange of business or investment property for property of a like kind.	3 YES
4 I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service.  Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).	4 YES
5 I am required to file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service.  Form 8886 is used to disclose information for each reportable transaction in which you participated.	5 YES
6 I filed federal Form 13656 – Notice of Election by Executive and Related Person to Participate in Announcement 2005-19 Settlement Initiative with the Internal Revenue Service.  Form 13656 is an election to participate in the settlement initiative as described in Announcement 2005-19 and as contained in Internal Revenue Bulletin 2005-11 dated March 14, 2005.	6 YES
7 I filed federal Form 13750 – Election to Participate in Announcement 2005-80 Settlement Initiative with the Internal Revenue Service. Form 13750 is an election to participate in the settlement initiative as described in Announcement 2005-80 and as contained in Internal Revenue Bulletin 2005-46 dated November 14, 2005.	7 YES

2006		Elderly Homeow n or before April 16, 2007, or	ner/Renter Credit with your Form 2 or 2M		Form 2EC
Amended Return	Your first name and initial JAMES	Last name CARLSON	Your social security number 400-00-6829	If deceased, da	te of death
Ketuiii	Spouse's first name and initial	Last name	Spouse's social security numb	per If deceased, da	te of death
	Home address (number and str	Leet)	City State	'	
	PO BOX 514	No	RONAN MT	59864	
Part I Qual	lifications	Yes			Yes No
I was age 62	or older as of December 31, 2006	6. X oc	cupied a Montana residence as an		X
■ I resided in Ma	ontana for 9 months or more duri		a total of 6 months or more during gross household income was less		ne 🚺 🗌
			above. A " <b>no</b> " answer means		
Part II Ho	ousehold Income				
			ses, capital gains, dividends, in		
			t, royalties, etc. Do not include		
in this total				2	
			nicipal bondseral tax refunds, prior year 2EC		
			tax returios, prior year 250		
5 Enter your to	otal household pension, annu	ities, IRA distributions, ben	efits from railroad retirement, p	oublic	
			r than \$45,000, stop here, beca		14800
			oss household income		14800
					\$6,300
		t here, but not less than ze	ero. This is your total househ	old income. 8	8500
Part III Credit	•	ty tay that you ware hilled f	or 2006. This includes fees, s	nocial	
			ne acre. This includes lees, s		612
			is residence	-	
	, ,	_	r rent equivalent tax paid		
			n Table located on the reverse		8500
					.039
	•		et household income		332
			t is zero or less, stop here. Yo		280
17 Enter here t	he lesser of line 16 or \$1,000			17	280
		ted on line 6 is less than \$3	35,000, skip line 18 and enter t	he amount from	
	on line 19 below.	ted on line 6 is \$35 000 or	more, enter on line 18 the perc	rentage	
			income reported on line 6		
If the	men	nter this percentage	inen	nter this percenta	•
\$35	line 6 is 5,000 - \$37,500	amount on line 18 .40 (40%)	line 6 is \$42,501 - \$44,999	.10 (10%)	8
	7,501 - \$40,000	.30 (30%)	\$45,000 - and over	.00 (00%)	
\$40	,001 - \$42,500	.20 (20%)	· ,		
			by the percentage reported on		280
			ine 27, the amount on line 19 a		200
<ul><li>If you ar</li></ul>	e filing Montana Form 2M, en	ter on Form 2M, Schedule	II, line 7, the amount on line 19	9 above.	
	e not required to file Montana 7, Helena, MT 59604-6577.	Form 2 or 2M, mail your F	form 2EC separately to the Mo	ntana Departmer	it of Revenue, PC
	o use direct deposit, enter yo	ur RTN# and ACCT# belov	٧.		Checking
RT	N#	ACCT#			Savings
Name, address a	and telephone number of paid pre	parer	Preparer SS	N or FEIN	
May the DOR dis	scuss this return with your tax pre	parer? Yes No Que	estions? Call (406) 444-6900 or TE I	DD (406) 444-2830	for hearing impaired
Vour oie	nature is required D	ate Daytime telephone	a number Sparse's	signature	Date
			ttachments is true, correct and cor		Date

## **Worksheet VIII- Social Security Benefits**

Your social security benefits taxable to Montana may be different from what is taxable to the federally. Complete this worksheet to determine your Montana taxable social security when filing Form 2. If you are filing Form 2M, refer to the instructions on page ??

Tier I Railroad Retirement benefits are not taxable to Montana. If the only social security benefits that you receive are from Tier I Railroad Retirement benefits and if you reported a portion of these benefits on your Form 2, line 20b as taxable benefit, enter this amount on Form 2, Schedule II, line 22.

an	ount on Form 2, Schedule II, line 22.	0 1 1 1			
			r single, joint,	Column B (for spouse	
			or head of	when filing separately	
-	Enter the total amount from how 5 of all your fodoral Form CCA 1000	house	enola) I	using filing status 3a)	
	Enter the total amount from box 5 of all your federal Form SSA-10991		24-2		_ 1
	Multiply line 1 by .50 (50%) and enter result here	2	3150		2
3	Add the amounts on Form 2, lines 7, 8a, 9a, 10 through 14, 15b, 16b, 17				
	through 19 and 21 and enter the result here	3	8500		3
4	Add the amount on Form 2, Schedule I, lines 1 through 4, 6a through 6c,				
	and 7 through 16, along with tax exempt interest that you reported on				
	Form 2, line 8b, which is not included on Form 2, Schedule I, line 1	4	0		4
5	Add lines 2, 3 and 4 and enter the result here	5	11650		5
	Add the amounts on Form 2, lines 23 through 32 and 34 plus any write-in				
	adjustments on line 36 with the amounts on your Form 2, Schedule II,				
	lines 2 through 21, 23, 24a through 24c, and 25 through 33, and enter the				
	result here.	6	4350		6
7	Is the amount on line 6 less than the amount on line 5?	·	4000	J	~
<b>'</b>					
	No None of your social security benefits are taxable. Enter zero on				
	line 18 and go to line 19.	_	7000		_
_	Yes Subtract line 6 from line 5 and enter the result here	7	7300		7
8	Enter the amount that corresponds to your filing status.			1	
	\$32,000 in column A if your filing status is "married filing jointly."				
	\$25,000 in column A if your filing status is "single" or "head of household	d."			
	\$16,000 in columns A and B if your filing status is any "married filing				
	separately" option.	8	16000		8
9	Is the amount on line 8 less than the amount on line 7?			,	
•	No None of your social security benefits are taxable. Enter zero on				
	line 18 and go to line 19.		0		
		•	U		
40	Yes Subtract line 8 from line 7 and enter the result here	9		J	9
10	Enter the amount that corresponds to your filing status.			1 -	
	\$12,000 in column A if your filing status is "married filing jointly."				
	\$ 9,000 in column A if your filing status is "single" or "head of househo	old."			
	\$ 6,000 in columns A and B if your filing status is any "married filing		6000		
	separately" option.	10			10
11	Subtract line 10 from line 9 and enter the result here. If less than zero				
	enter zero	11	0		11
12	Enter here the smaller of line 9 or line 10	12	0		12
	Multiply line 12 by .50 (50%) and enter the result here	13	0		13
	Enter the smaller of line 2 or line 13	14	0		14
	Multiply line 11 by .85 (85%) and enter result here. If line 11 is zero, enter				
'3	zero	15	0		15
16	Add lines 14 and 15 and enter the result here	16	0	<del>                                     </del>	
				{	16 17
	Multiply line 1 by .85 (85%) and enter result here	17	5355		_ 1/
18	Enter the smaller of line 16 or 17. This is your Montana taxable social		_		
	security benefits	18	0		18
19	Enter the federal taxable amount of social security benefits that you				
	reported on Form 2, line 20b	19	3150		19
20	a. If line 19 equals line 18, the amount of the federal taxable social				
	security benefits that you reported on Form 2, line 20b is the same				
	amount that is taxable to Montana. No adjustment is necessary.				
	<b>b.</b> If line 19 is less than line 18, enter the difference here and on				
	Form 2, Schedule I, line 5. <b>This is the portion of your social</b>				
	security benefits that are exempt from federal tax and not				
	included on Form 2, line 20b that are taxable to Montana 20b	0		20b	
	c. If line 19 is greater than line 18, enter the difference here and on	<u> </u>		200	
	Form 2, Schedule II, line 22. <b>This is the portion of your federal</b>				
	taxable social security benefits that are included on Form 2,	2450		200	
i	line 20b that are not taxable to Montana	3150		20c	